

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (173)

CERTIFICATE OF DEATH

Reg. Dist. No. #56
07862

1. PLACE OF DEATH:

County Prince George's

City or town Grover Island
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Washington County D.C.

City or town Washington
(If outside city or town limits, write RURAL and give nearest town)

Street No. 3629 Gough St. N.W.
(If rural, give LOCATION)

2.(a) If veteran, name war World War IV

3. (a) FULL NAME

Jerome S. Antel

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Miriam R. Antel

7. Birth date of deceased (mo., day, yr.) August 12/1893 6. (c) If alive, give age 47 years

8. AGE: Years 53 Months 1 Days 1 If less than one day hrs. min.

9. Birthplace Cleveland, Ohio
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

12. Name William Antel

13. Birthplace Austria

14. Maiden name Sarah Strauss

15. Birthplace Germany

16. Informant M. von Antel

Address 2625 Euclid Heights Blvd

17. Burial Cleveland, Ohio Date thereof 8-14-46
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematorium Washington Baptist Cemetery

Location Anacostia D.C.

18. Funeral director Sam's & Co.

Address 14th St N.W. D.C.

19. Date rec'd by registrar 8-14-46 Registrar NW Ward

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-13 19 46, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on 19 46

Immediate cause of death Drowning

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 8-13-46

Where did injury occur? Grover Island Adams md
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Free overboard Injured at work? No.

23. SIGNATURE Dr. J. H. ... M. D. or other

Address Quincy, Md. Date signed 8-14-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 17 1945

BUREAU V S

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 166

CERTIFICATE OF DEATH

60
07863

Reg. Dist. No. 51

1. PLACE OF DEATH:

County Calvert
City or town Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Calvert
City or town Paris
(If outside city or town limits, write RURAL and give nearest town)

Street No. World War #2
(If rural give LOCATION)

2.(a) If veteran, name war World War #2

3. (a) FULL NAME

Leonard Coates Jr

3. (b) Social Security Number

4. Sex M 5. Color or race C 6.(a) Single, married, widowed, or divorced S

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Sept 20, 1922

8. AGE: Years 23 Months 11 Days 2 If less than one day
hrs. min.

9. Birthplace md
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Leonard Coates

13. Birthplace md

MOTHER 14. Maiden name Blanche Rawlings

15. Birthplace md

16. Informant Leonard Coates, Sr.

Address Sunderland, md

17. burial Date thereof 8-20-46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory mt. Hope

Location Calvert Co md

18. Funeral director P. E. Sewell

Address Prince Frederick, md

19. 8-19 19 46 N. W. Ward
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH 8/18 19 46 3 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 46 to 19 46

and that I last saw him alive on

Immediate cause of death Heart failure

coronary artery

blocked by

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Heart failure Date of 8/18/46

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE N. W. Ward M. D. or other

Address Calvert Co Date signed 8/18/46

REL

AUG 21 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 07864 31

1. PLACE OF DEATH:

County CalvertCity or town St. Leonard's
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 9 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ind County CalvertCity or town St. Leonard's
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2.(a) if veteran, name war No

3. (a) FULL NAME

Selma W. Howell

3. (b) Social Security Number

No

4. Sex

F

5. Color or race

W

6.(a) Single, married, widowed, or divorced

M

6.(b) Name of husband or wife

Heber Howell6.(c) If alive, give age 48 years

7. Birth date of

deceased (mo., day, yr.)

Sept. 18, 1906

8. AGE:

Years

Months

Days

If less than one day

391014

hrs.

min.

9. Birthplace

Washington, D. C.
(Town, county, and state)

10. Usual occupation

None

11. Industry or business

FATHER

12. Name

John W. Witmer

13. Birthplace

Ind.

MOTHER

14. Maiden name

Carrie V. ?

15. Birthplace

Ind.

16. Informant

Heber Howell

Address

St. Leonard's, Ind

17.

(Burial, cremation, or removal. Which?)

Date thereof

Aug. 5, 1946
(month) (day) (year)

Cemetery or crematory

Middleham Chapel.

Location

Lusby, Ind.

18. Funeral director

A. A. Harkness & son

Address

Mutual, Ind

19.

Aug 4

19

46H. W. Ward

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 2, 1946 at 3 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19....., to 19.....

and that I last saw him..... alive on 19.....

Immediate cause of death

Cerebral Hemorrhage

DURATION

Due to

Hypertension
(Malignant)

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Page 1 of 1
James Harkness

M. D. or other

Address

Date signed 8/5/46

RECEIVED

AUG 8 1946

BUREAU V S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1312

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County..... CalvertCity or town..... Sunderland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... MD County..... CalvertCity or town..... Sunderland
(If outside city or town limits, write RURAL and give nearest town)Street No.....
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

David Gorman

3. (b) Social Security Number

4. Sex

M

5. Color or race

C.

6.(a) Single, married, widowed, or divorced

X

6.(b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

June 1954

8. AGE:

Years

Months

Days

If less than one day

95

hrs.

min.

9. Birthplace..... MD

(Town, county, and state)

10. Usual occupation

Farmer.

11. Industry or business

FATHER

12. Name.....

Samuel Gorman

13. Birthplace

MD

MOTHER

14. Maiden name.....

?

15. Birthplace

16. Informant.....

Elsie Smith.

Address

Sunderland, MD.17. Burial

(Burial, cremation, or removal, Which?)

Date thereof.....

8-19-46
(month) (day) (year)

Cemetery or crematory.....

Plum Point

Location

Calvert.

18. Funeral director.....

P.F. Scragg

Address

Prince Frederick, MD.19. Aug 17

(Date rec'd by registrar)

1946H W Wans

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... 8-16-46 1946, at..... 11 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....19....., to.....19.....

and that I last saw him.....alive on.....19.....

Immediate cause of death.....

Acidosis.

DURATION

Due to.....

Heart failure.

Due to.....

hypertension & v.d.

Other conditions.....

Chronic nephritis

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE.....

P.F. Scragg

M. D. or other

Address.....

Prince FrederickDate signed Aug 17/46

RECEIVED

AUG 21 1946

BUREAU V S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

07866

51

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:

County Cabnet
 City or town Prince Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Cabnet County Hospital
 How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Cabnet

City or town Prutual
 (If outside city or town limits, write RURAL and give nearest town)

Street No.
 (If rural, give LOCATION)

2.(a) If veteran, name war no

3. (a) FULL NAME

G. Lawrence Scott

3. (b) Social Security Number

no

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M6. (b) Name of husband or wife Fannie Scott

7. Birth date of deceased (mo., day, yr.) Feb. 27, 1875
 6. (c) If alive, give age. 68 years

8. AGE: Years 71 Months 5 Days 4
 If less than one day hrs. min.

9. Birthplace Cabnet County, Md
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name Elifow Scott13. Birthplace Cabnet Co, Md14. Maiden name Annie R. Bowen15. Birthplace Cabnet Co, Md16. Informant Fannie ScottAddress Prutual, Md17. Burial Date thereof Aug 4, 1946

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Water's MemorialLocation Island Creek, Md18. Funeral director P. O. Harkness & SonAddress Prutual, Md19. Aug 3 19 46 X W Ward

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 1 19 46 at 6:1 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....19....., to.....19.....

and that I last saw h.....alive on.....19.....

Immediate cause of death.....

Acute Cardiac Failure

DUE TO.....

Coronary Vascular Disease

DUE TO.....

.....

Other conditions.....

.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Prince FrederickAddress Prince FrederickDate signed 8/4/46

RECEIVED

AUG 8 1946

BUREAU V S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 52-21

07868

CERTIFICATE OF DEATH

★ Reg. Dist. No. 52

1. PLACE OF DEATH:

County... Calvert
City or town... Chesapeake Beach, Md.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Lifetime
Hospital, institution, or street address where death occurred: Her Home, Chesapeake Beach, Md.

How long in hospital or institution? 3 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Calvert
City or town... Chesapeake Beach, Md.
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Bertha Elizabeth Klein Gibson

3. (b) Social Security Number

4. Sex F 5. Color or race White 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife Joseph Thomas Gibson

6.(c) If alive, give age 28 years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1918

8. AGE: Years 28 Months 5 Days 17 If less than one day _____ hrs. _____ min.

9. Birthplace Chesapeake Beach, Calvert Co., Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name George Klein

13. Birthplace Philadelphia, PA.

14. Maiden name Maria Phyllis Klein

15. Birthplace Maryland

16. Informant Mrs. Annie Gibson

Address Putwell, Maryland.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 11, 46 (month) (day) (year)

Cemetery or crematory Mt. Carmel C.

Location Mr. Owens, Md.

18. Funeral director W. N. Hutchins

Address Owens, Md.

19. Aug 10, 46 (Date rec'd by registrar)

Registrar Grace L. Hutchins

MEDICAL CERTIFICATION

20. DATE OF DEATH August 8, 1946 at 6:03 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 3, 1946 to death, 1946 and that I last saw her alive on Aug. 8, 1946.

Immediate cause of death Circulatory failure

DURATION

Due to Metastatic Sarcoma 3 months

Due to Primary sarcoma of the kidney, cervix

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Sarcoma & multiple metastatic lesions Date of op. May 17, 46

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L. Earl Holmes M.D.

Address Chesapeake Beach, Md. Date signed Aug 9, 1946

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 16 1946
BUREAU V &

Evidence for the additions made is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1700

07867

#64

CERTIFICATE OF DEATH

Reg. Dist. No. 51

FILED No. 108 OCT 29 1946

1. PLACE OF DEATH:

County Calvert

City or town Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Calvert Co. Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Prince George's

City or town Clinton
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Avis Gwynne Avis Gwynne

3. (b) Social Security Number

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife

Thomas Surge

7. Birth date of deceased (mo., day, yr.)

Feb. 19, 1890

8. AGE:

Years

56

Months

6

Days

5

If less than one day

hrs. _____ min. _____

9. Birthplace

MD
(Town, county and state)

10. Usual occupation

Domestic

11. Industry or business

Theodore Whitton

FATHER

12. Name

Dead

13. Birthplace

Annanda Pyles

MOTHER

14. Maiden name

Dead

15. Birthplace

Thomas Gwynne

16. Informant

Clinton MD

Address

Burial Date thereof 8-24-46

(Burial, cremation, or removal. Which?)

Cemetery or crematory St. Barnabas

Location Opow Hill, Md

Funeral director Murray & Son

Address Anacostia, D.C.

18. Funeral director

Address Anacostia, D.C.

19. 8-24 19 46 N.W. Ward

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH 8/24 19 46 at 1040P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ 19 _____, to _____ 19 _____

and that I last saw him _____ 19 _____

Immediate cause of death

Cerebral hemorrhage

DURATION

5 hrs

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 8/24/46

Where did injury occur? Clinton (City or town) Prince George's (County) MD (State)

Injured at home, farm, industry, public place (where?) Highway

Means of injury Auto Injured at work? No

23. SIGNATURE

H.W. Ward M.D. or other _____

Address Clinton MD Date signed 8/24/46

MARGIN RESERVED FOR BINDING

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VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 9 1945
BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157-2)

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County..... *Calvert*City or town..... *Parran, Maryland*
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death?..... *18 months*

Hospital, institution, or street address where death occurred:

How long in hospital or institution?..... *nt*

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... *Maryland* County..... *Calvert*City or town..... *Parran, Md.*
(If outside city or town limits, write RURAL and give nearest town)Street No..... *Parran, Md.*
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Douglas Harold

3. (b) Social Security Number

4. Sex.....

m.

5. Color or race.....

C.

6.(a) Single, married, widowed, or divorced

S.

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)..... *Sept. 2, 1945*

8. AGE: Years.....

11

Months.....

22

Days.....

hrs.

It less than one day..... min.

9. Birthplace..... *PARRAN, MD*
(Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

FATHER 12. Name..... *George Harold*13. Birthplace..... *Parran, Md.*MOTHER 14. Maiden name..... *Geneva Green*15. Birthplace..... *Plum Point Md.*16. Informant..... *Mother - Geneva Harold*Address..... *Parran, Md.*17. Burial..... *Burial* Date thereof..... *8-25-46*
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory..... *Plum Point*Location..... *Parran*18. Funeral director..... *P-E Sewell*Address..... *Prince Frederick Md*19. *8-24-46* *N Ward M.D.*
(Date rec'd by registrar) 19. *46* Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... *Aug 24* 19. *46* at *6 45* A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19., to..... 19.

and that I last saw h..... alive on..... 19.

Immediate cause of death.....

Congenital heart

Due to.....

Due to.....

Other conditions..... *Sudden death*

(Include pregnancy within 8 months of death)

Major findings of operations.....

..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... *P de Lillanet* M. D. or otherAddress..... *Prince Frederick* Date signed..... *8/24*

RECEIVED
AUG 28 1946
BUREAU V H

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *46-2*

CERTIFICATE OF DEATH

07870 *50*

Reg. Dist. No.

1. PLACE OF DEATH:

County *Cabnet*City or town *Solomons*
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? *13 years*

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *md* County *Cabnet*City or town *Solomons*
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)2.(a) If veteran, name war *No*

3. (a) FULL NAME

Cecelia F. Leathering

3. (b) Social Security Number

No

4. Sex

F

5. Color or race

W

6.(a) Single, married, widowed, or divorced

*W*6.(b) Name of husband or wife *Dewell Leathering*

7. Birth date of

deceased (mo., day, yr.)

Mar. 27, 1856

6.(c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

*90**4**25*

hrs.

min.

9. Birthplace *Susby - Cabnet Co., Md*
(Town, county, and state)10. Usual occupation *Home*

11. Industry or business

FATHER

12. Name

Thomas Levers

13. Birthplace

Md

14. Maiden name

Elizabeth Brecken

15. Birthplace

*Md*16. Informant *Mrs J. B. Rafford*

Address

*Solomons, Md*17. *Burial*
(Burial, cremation, or removal, Which?)

Date thereof

Aug. 24, 1946
(month) (day) (year)

Cemetery or crematory

St. Paul's

Location

*Susby, Md*18. Funeral director *A. G. Harkness & Son*

Address

mutual, Md.

19.

8/23
(Date rec'd by registrar)

19

*46**A. G. Harkness*

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *Aug. 22, 1946* at *1:05 A.M.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug. 18, 1946 to *Aug. 21, 1946*and that I last saw him alive on *Aug. 21, 1946*

Immediate cause of death

Pulmonary emboli.

DURATION

Due to *arterio-sclerosis (generalized)*

Due to

Other conditions *ca of rectum*

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur?
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE *P. A. McLaughlin*

M. D. or other

Address *Ann & 8th St.* Date signed *8/24*

RECEIVED
AUG 30 1946
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

07871 58

Reg. Dist. No. 51

1. PLACE OF DEATH:

County Cabot
 City or town Prince Frederick, Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 week
 Hospital, institution, or street address where death occurred:
Cabot County Hospital
 How long in hospital or institution? 1 week

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State D.C. County D.C.
 City or town Washington, D.C.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 1800 N. M. St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war no

3. (a) FULL NAME

Gola K. Sinclair

3. (b) Social Security Number

no

4. Sex F. 5. Color or race W 6.(a) Single, married, widowed, or divorced M.
 6.(b) Name of husband or wife Col. Burke N. Sinclair
 7. Birth date of deceased (mo., day, yr.) Mar. 3, 1881 8.(c) If alive, give age 67 years
 8. AGE: Years 65 Months 5 Days 13 If less than one day
hrs. min.

9. Birthplace Kentucky
 (Town, county, and state)
 10. Usual occupation Home
 11. Industry or business
 FATHER 12. Name William E. Kilgore
 13. Birthplace Virginia
 MOTHER 14. Maiden name May Collier
 15. Birthplace Kentucky

16. Informant Col. Burke N. Sinclair
 Address Parran, Md.
 17. Burial Date thereof Aug. 19, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory St. Paul's
 Location Prince Frederick, Md
 18. Funeral director A. G. Harkness & Son
 Address Mutual, Md.

19. 8-19 48 N. W. Ward
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 16, 1946 at 3:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
19 to 19
 and that I last saw him alive on 19

Immediate cause of death Cerebral hemorrhage
 Due to Hypertension & V.D.
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Ed. T. Lawrence M. D. or other
 Address Parran, Frederick Date signed 8/17

RECEIVED

AUG 20 1946

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9

CERTIFICATE OF DEATH

Reg. Dist. No. 07872 61

1. PLACE OF DEATH:

County Calvert
 City or town Prince Frederick, MD
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 8 months
 Hospital, institution, or street address where death occurred:
Calvert Co Hospital
 How long in hospital or institution? 1 hour

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Calvert
 City or town Prince Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Donald Lee Sipe

3. (b) Social Security Number

4. Sex m. 5. Color or race w. 6.(a) Single, married, widowed, or divorced s.

6.(b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) Dec 7, 1945 6.(c) If alive, give age _____ years

8. AGE: Years _____ Months 8 Days 11 If less than one day _____ hrs. _____ min.

9. Birthplace Prince Frederick, MD.
 (Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

FATHER 12. Name Herbert E. Sipe
 13. Birthplace Charlottesville, Virginia

MOTHER 14. Maiden name Anna Brigtwell
 15. Birthplace Prince Frederick

16. Informant brother (Anna Sipe)
 Address Prince Frederick

17. Burial, cremation, or removal. Which? burial Date thereof 8-19-46
 (month) (day) (year)

Cemetery or crematory St Paul
 Location Prince Frederick, MD

18. Funeral director R.A. Harkness & Son
 Address Mutual, MD

19. 8-19 19 46 H. W. Ward
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 18 19 46 at 9-45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 18 19 46 to Aug 18 19 46 and that I last saw him alive on Aug 18 19 46

Immediate cause of death Pneumonia, malnutrition

Due to Whooping cough

Due to _____

Other conditions Malnutrition

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE R. de Villanueva MD

Address Prince Frederick Date signed Aug 19/46

UNITED STATES DEPARTMENT OF JUSTICE

CERTIFICATE OF DEATH

IN THE DISTRICT OF COLUMBIA

FILE NO. 100-100000

WITNESSES

RECEIVED

AUG 21 1946

BUREAU VS.

63

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 450

CERTIFICATE OF DEATH

Reg. Dist. No. 50

1. PLACE OF DEATH:
County..... Calvert
City or town..... St Leonard's.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State..... md. County..... Calvert
City or town..... St Leonard's.
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3.(a) FULL NAME George Taylor. 3.(b) Social Security Number

4. Sex m. 5. Color or race C. 6.(a) Single, married, widowed, or divorced X
6.(b) Name of husband or wife Ella Taylor.
6.(c) If alive, give age 57 years
7. Birth date of deceased (mo., day, yr.) July 4, 1882.
8. AGE: Years Months Days If less than one day
64 hrs. min.

9. Birthplace md. (Town, county, and state)
10. Usual occupation Laborer.
11. Industry or business
FATHER 12. Name Alston Taylor.
13. Birthplace md
MOTHER 14. Maiden name Mary Hayes
15. Birthplace md.

16. Informant Gladys Washington
Address St Leonard's.
17. Burial Date thereof 8-24-46
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory St Johns
Calvert-
Location
18. Funeral director P.E. Sawell.
Address Prince Fredrick, Md
19. Aug 24 - 1946 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... 8-21, 1946 at 8 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1946 to Aug 7, 1946
and that I last saw him..... alive on..... 19.....
Immediate cause of death.....
DURATION
Due to..... Ca of palate x
Due to..... jaund
Other conditions.....
(Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.....
Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....
Where did injury occur?..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?).....
Means of injury..... Injured at work?
23. SIGNATURE..... M. D. or other
Address..... Date signed.....

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 29 1946
BUREAU V B.

(C)
9

Death

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF STILLBIRTH

Reg. Dist. No. 51

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

1. PLACE OF BIRTH:

County Calvert
City or town Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street address, hospital, or institution:
Calvert Co. Hospital
Length of mother's stay in County 12 years
(How many years, or months, or days. SPECIFY WHICH)

2. USUAL RESIDENCE OF MOTHER:

State Maryland
County Calvert
City or town Appal, Md
(If outside city or town limits, write RURAL and give nearest town)
Street No. —
(If RURAL give LOCATION)

3. Name of child — none —

5. Sex male

6. Twin or triplet —

4. Date of birth Aug 5 1946 Hour 9⁰⁰ M.

7. No. of weeks pregnancy 27 weeks (?)

FATHER OF CHILD

8. Full name Benjamin Tyler
9. Color ch 10. Age at time of this birth 58 yrs.
11. Usual occupation Farmer

MOTHER OF CHILD

12. Full maiden name Mildred Thomas
13. Color et 14. Age at time of this birth 12 yrs.
15. Usual occupation School-grad

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? 0
(b) How many other children were born alive but are now dead? 0 (c) How many other children were born dead? 0

17. Did child die before labor? no During labor? yes

18. Pregnancy, complications of none

19. Labor: (a) Complications of none

(b) Induced? —

20. (a) Was there an operation for delivery? no

(Yes or No)

(b) State all operations, if any —

(c) Did child die before operation? —

During operation? —

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.

(a) Fetal causes — Prematurity —

(b) Maternal causes none

22. I certify to the birth of this child who was born dead* on the date and hour above stated.

Signature P. H. Sillars

(Specify if M. D., midwife, or other)

Address Prince Frederick

23. (a) Buried (b) Date thereof 8-6-46
(Burial, cremation or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Oliver

24. (a) Funeral director P. E. Sewell

(b) Address Prince Frederick, Md

25. (a) Aug. 6, 1946 (b) H. W. Ward
(Date rec'd by registrar) (Local) (Registrar)

26. (To be filled out if no physician was present at delivery.)
The above certificate has been examined by me.

Health Officer, per —

RECEIVED

AUG 7 1946

BUREAU VS

Evidence for change of age of deceased is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

07875 #63

FILM No. I 07 SEP 16 1946

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County Calvert md
City or town St Leonard
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Calvert
City or town St Leonard
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Charity Wallace

3. (b) Social Security Number

4. Sex

F

5. Color or race

O

6. (a) Single, married, widowed, or divorced

X

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

Nov - 1869

8. AGE:

Years

Months

Days

If less than one day

77 76

hrs.

min.

9. Birthplace

md

(Town, county, and state)

10. Usual occupation

Domestic

11. Industry or business

FATHER

12. Name

Patrick Wallace

13. Birthplace

md

MOTHER

14. Maiden name

Sarah Worey

15. Birthplace

md

16. Informant

Iona Howe

Address

St Leonard, md

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof

9-1-46
(month) (day) (year)

Cemetery or crematory

Island Creek

Location

Calvert

18. Funeral director

P. E. Sewell

Address

Prince Frederick

19.

9-1 19 46
(Date rec'd by registrar)

H. W. Ware

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-29 19 46 at 4:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ 19 _____, to _____ 19 _____

and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death

DURATION

Cerebral Hemorrhage

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE

Address

Date signed

M. D. or other

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

SEP 9 1945

BUREAU V.S.